



After School Care &
School Holiday Program
2014/2015
REGISTRATION FORM

MS Elementary ____ Grade ____
Springview ____ Grade ____
AIE Charter School Grade ____
MS Middle ____ Grade ____
SHP Only ____

Participant's Name: _____
(Last) (First) (Date of Birth) (Age)

Address: _____ City: _____ Zip: _____

Primary Phone: _____ E-Mail (optional): _____

Mother: _____ Work: _____ Cell: _____

Father: _____ Work: _____ Cell: _____

OTHER CONTACTS IN CASE OF EMERGENCY (Must provide photo I.D. when picking up)

Name: _____ Phone: _____ Authorized to pick up? Yes No

Name: _____ Phone: _____ Authorized to pick up? Yes No

Please list any known allergies (food, insect bites, etc.) or other medical problems: _____

PAYMENT RECORD						Fee	For	Rec.	Date
						Reg.			
						Aug 18			
						Aug 25			
						Sept 2			
						Sept 8			
						Sept 15			
						Sept 22			
						Sept 29			
						Oct 6			
						Oct 13			
						Oct 20			
						Oct 27			
						Nov 3			
						Nov 10			
						Nov 17			
						Nov 24			
						Dec 1			
						Dec 8			
						Dec 15			
						SHP			
						SHP			
						Jan 5			
						Jan 12			
						Jan 20			
						Jan 26			
						Feb 2			
						Feb 9			
						Feb 18			
						Feb 23			
						Mar 2			
						Mar 9			
						Mar 16			
						SHP			
						Mar 30			
						Apr 6			
						Apr 13			
						Apr 20			
						Apr 27			
						May 4			
						May 11			
						May 18			
						May 26			
						June 1			

The Participant and his/her parent or guardian agrees to release, discharge, indemnify and hold harmless the City of Miami Springs, it's officials, employees, agents and representatives and all of the foregoing's respective successors and assigns from, and waive all liabilities, losses, damages, costs, expenses (including, but not limited to, attorney's fees and expenses), causes of action, suits and claims of any nature whatsoever (collectively, the "Liabilities") arising from, based upon or relating to personal injury or death to, or damage or loss of property of the Participant or his/her parent or guardian sustained in connection with the Participant's participation in the After School Program or School Holiday Program & their activities. Furthermore, I give permission to the Parks & Recreation Department to film and/or photograph my child for use in publications/advertising. (i.e.; flyers, pamphlets, local paper, website)

Parent/ Guardian Signature: _____